

0496139-3264

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias Juvenile

OBTS Number	Agency ORI Number FL0502600	Agency Name PALM BEACH GARDENS POLICE DEPT.	Agency Report Number (N.T.A.'s only) 781181001308
Charge Type: Check as many as apply.	1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>	3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>	5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>
Location of Arrest (Including Name of Business) 4590 Northlake Blvd Palm Beach Gardens FL		Location of Offense (Business Name, Address) 4590 Northlake Blvd Palm Beach Gardens FL	
Date of arrest 022718	Time of Arrest 1718	Booking Date	Booking Time
Jail Date	Jail Time	Location of Vehicle Kauff's Towing	

Name (Last, First, Middle) **Forlenza John** Alias (Name, DOB, Soc. Sec. #, Etc.)

Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex W M	Date of Birth 060452	Height 505	Weight 185	Eye Color Blu	Hair Color Blu	Complexion 4	Build Med
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None noted						Marital Status M	Religion Catholic	Indication of: Alcohol Influence <input checked="" type="checkbox"/> Drug Influence <input checked="" type="checkbox"/>	
Local Address (Street, Apt. Number) 238 Eagleton Lake Blvd Palm Beach Gardens FL 33418			(City)	(State)	(Zip)	Phone (201) 207-3338		Residence Type: 1. City <input checked="" type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) 22 Hubbardton Rd Wayne NJ 07470			(City)	(State)	(Zip)	Phone ()		Address Source FCIC / NJ D/L	
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone ()		Occupation Insurance	
D/L Number, State F66104070006524 NJ		Soc. Sec. Number		INS Number		Place of Birth (City, State) Newark, NJ		Citizenship US	

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:	Name (Last) (First) (Middle)	Residence Phone ()
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone ()

Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated
Released To: (Name)	Relationship		Date
The above address was provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes <input type="checkbox"/> No: (Reason)			School Attended
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			Description of Property
Value of Property			Grade

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description DUI		Counts 61	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316193(1)		Violation of ORD #		Bond		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		Violation of ORD #		

<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court	Location (Court, Room Number, Address)	
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.	Court Date and Time	
Month	Day	Year
Time	P.M.	
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		
Signature of Defendant (or Juvenile and Parent/ Custodian)		Date Signed

HOLD for other Agency Name:	Signature of Arresting Officer x [Signature]	Name Verification (Printed by the officer) SCANNED FEB 27 PM 8:20
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	(PRINT) FEB 28 2018
Intake Deputy D/S B. SHATARA #7623	Name of Arresting Officer (Print) M. Valerio	PAGE 1 OF 1
Transporting Officer M. Valerio	I.D. # 487	Agency PB6
Witness here if subject signed with an "X"		

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27 DAY OF February 20 18 AT 17:02 AM PM
SUBJECT: John Forlenza CASE NUMBER: 18-001308

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: M. Valerio # 487

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

I conducted a traffic stop on the vehicle for an expired registration of 06/04/2016. I made contact with the driver and sole occupant of the vehicle, John Forlenza, who was identified through his New Jersey Driver's License.

OBSERVATION OF DRIVER:

Forlenza had glassy red bloodshot eyes.

DRIVER'S STATEMENTS:

Forlenza explained he was coming from the golf course and had consumed two scotch beverages on ice approximately twenty minutes before I stopped him.

ODORS:

I could detect a strong odor of an unknown alcoholic beverage coming from Forlenza.

GENERAL OBSERVATIONS

SPEECH: Quick

ATTITUDE: Professional

CLOTHING: Polo shirt, shorts, shoes

MEDICAL/OTHER: No medical issues noted, stated he takes blood pressure and cholesterol medicine.

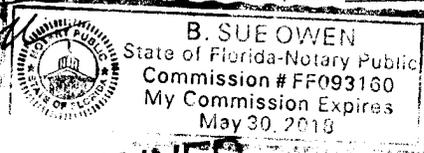
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of Feb 20 18 by ofc Valerio

(Print name of Arresting/Investigative Officer who is personally known to me and/or produced identification. Type of identification produced)

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SCANNED
FEB 28 2018

WITNESS LIST

CASE NUMBER: 18-001308

ARRESTING OFFICER: M. Valerio # 487

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): _____ (WORK) 561-799-4445

CAN TESTIFY TO: Traffic stop, arrest, BAT

NAME: Officer Ayala

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) _____ (WORK) 561-799-4445

CAN TESTIFY TO: Back up officer

NAME: Officer Sanchez

ADDRESS 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) _____ (WORK) 561-799-4445

CAN TESTIFY TO: Inventory and tow of vehicle.

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

SCANNED
FEB 28 2018

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: _____

BREATH TESTS RESULTS: 1) _____ TIME _____ A.M./P.M. 2) _____ TIME _____ A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

NOT A CERTIFIED COPY

SCANNED

FEB 28 2018

SUBJECT: _____ CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SCANNED

FEB 28 2018

SUSPECT'S SIGNATURE: (X) _____

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Northlake Blvd

DIRECTION OF TRAVEL? W WHERE DID YOU START? Lux Country Club

WHAT TIME DID YOU START? 4:30 WHAT TIME IS IT NOW? I don't know

WHAT IS TODAY'S DATE? 2/27 WHAT DAY OF THE WEEK IS IT? Tuesday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach

WHEN DID YOU LAST EAT? 1:30 WHAT DID YOU EAT? Ice Cream

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Playing Golf

HOW MUCH DO YOU WEIGH? 185 HAVE YOU BEEN DRINKING? Yes WHAT? Scotch on rocks

HOW MUCH? One WHERE? Lux Country Club WITH WHOM? Friend

WHEN DID YOU HAVE YOUR FIRST DRINK? 4:00 AND YOUR LAST DRINK? 4:30

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? by mouth

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Insurance WHEN DID YOU LAST WORK? Friday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? _____

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? _____

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? Prescription WHEN? This morning

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Zoloft, Percocet WHEN? As needed

DO YOU HAVE:

EPILEPSY?	<u>NO</u>
GLASS EYE?	<u>NO</u>
FALSE TEETH?	<u>NO</u>
EAR INFECTION?	<u>NO</u>
INNER EAR TROUBLE?	<u>NO</u>
DIABETES?	<u>NO</u>

SCANNED
FEB 28 2018

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? I don't know

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? N.J.

INTERVIEWER: M. Valerio